

# Rhodsac Community Living Ltd

# Kimwick Care Home

## Inspection report

7 Colossus Way  
Bletchley  
Milton Keynes  
Buckinghamshire  
MK3 6GU

Date of inspection visit:  
23 January 2017

Date of publication:  
07 March 2017

Tel: 01908666980

Website: [WWW.RHODSACCAREHOME.COM](http://WWW.RHODSACCAREHOME.COM)

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 23 January 2017 and was announced.

This was the first comprehensive inspection of Kimwick Care Home.

Kimwick Care Home is a residential care home for up to four people with learning disabilities. The service provides short, medium and long term care. Kimwick care home is situated in Colossus way, Bletchley Park and is two minutes from Bletchley train station with linking networks into London. At the time of our inspection there were two people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe. There were safe recruitment practices in place and these were being followed to ensure staff employed were suitable for their role. People's medicines were managed safely and in line with best practice guidelines.

Staff received regular training that provided them with the knowledge and skills to meet people's needs. They were well supported by the registered manager and had regular one to one supervision. Staff received support and training to perform their roles and responsibilities. They were provided with on-going training to update their skills and knowledge. Consent for care was sought by staff on a daily basis and had been recorded in people's care plans. We found that, where people lacked capacity to make their own decisions, consent had been obtained in line with the Mental Capacity Act (MCA) 2005. People were provided with a balanced diet and adequate amounts of food and drinks of their choice. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

People were looked after by staff that were caring, compassionate and promoted their privacy and dignity. People's views were listened to and they were actively encouraged to be involved in their care and support. Any information about people was respected and treated confidentially.

Staff were knowledgeable about how to meet people's needs and understood how people preferred to be supported. People were encouraged to take part in activities and interests of their choice. There were effective systems in place for responding to complaints and people were made aware of the complaints processes.

We found that the service had good leadership and as a result, staff were positive in their desire to provide good quality care for people. Quality assurance systems were in place and were used to obtain feedback, monitor service performance and manage risks.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from harm because staff knew what to do if they suspected abuse had occurred.

There were risk managements plans in place to protect and promote people's safety.

People were kept safe because there were sufficient numbers of staff to meet their care and support needs.

Effective recruitment practices were followed.

People were given their medicines safely by appropriately trained staff.

### Is the service effective?

Good ●

The service was effective

Staff had been provided with appropriate training which equipped them with the skills and knowledge to meet people's needs.

People's consent was sought and the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed when people needed help to make decisions.

People were provided with adequate amounts of food and drink to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare services.

### Is the service caring?

Good ●

The service was caring

Staff supported people to develop positive and caring relationships.

Staff were knowledgeable about people's needs, preferences and personal circumstances.

People's privacy and dignity was respected and promoted.

### **Is the service responsive?**

**Good** ●

The service was responsive

Care plans and risk assessments were regularly reviewed and kept up to date.

People participated in person-centred activities within the service and in the local community

People knew how to raise a complaint but said they had no concerns about the service.

### **Is the service well-led?**

**Good** ●

The service was well-led

The registered manager provided staff with support and had created a positive culture at the service.

The registered manager demonstrated visible leadership and had put systems in place to drive improvement and improve the quality of service.

The quality assurance and governance systems used were effective and there was a clear set of values which staff understood.

# Kimwick Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection of Kimwick Care Home took place on 23 January 2017. We gave the service 48 hours' notice of the inspection because we needed to ensure that people would be at the service and that the registered manager would be available.

The inspection was undertaken by one inspector.

Before the inspection we looked at information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. We also contacted the Clinical Commissioning Group who has a quality monitoring role with the service.

During our inspection we spoke with the two people using the service and three staff. This included the registered manager and two support staff.

We reviewed a range of records about people's care and how the service was managed. These included care records for the two people using the service, three staff files and the Medication Administration Record (MAR) sheets for one person. We also looked at other records relating to the management of the service including, staff rotas, training records and quality auditing records.

## Is the service safe?

### Our findings

People using the service were protected from abuse and avoidable harm. People told us they felt safe living at the service. One person said, "Yes, I do feel safe." A second person smiled, gave us two thumbs up and said yes when we asked them if they felt safe living at the service.

Staff told us they had been provided with safeguarding training. One staff member said, "Yes I have had safeguarding training and I would feel comfortable raising any concerns I had." A second member of staff told us, "Without a doubt I would report anything I thought was not right."

We saw evidence that staff had been provided with safeguarding training. We observed a copy of the service's safeguarding policy along with a copy of the local authority adult safeguarding policy. In addition we saw there was a whistleblowing policy and poster in place that contained the names and contact numbers of the relevant people that staff could call if they had any concerns. We saw evidence that when required the registered manager submitted safeguarding alerts to the local safeguarding team to be investigated.

Risk management plans were in place to promote people's safety and to maintain their independence. Staff had a good understanding of the risks that people faced both within the service and in the wider community. One staff member told us, "We have risk assessments in place for all sorts of things. From cooking to using public transport." Records showed that where a risk had been identified, for example, using public transport, action plans had been put in place to reduce any risk. This guidance enabled people to be as independent as possible whilst keeping them safe. We saw that people's risk assessments were reviewed monthly or as and when their needs changed.

Safe recruitment practices were followed. There were arrangements in place to ensure safe recruitment practices were followed. One staff member said, "I had to wait for my checks to come through before I was allowed to start working here." The registered manager told us that all staff employed by the service underwent a robust recruitment process before they started work.

Records confirmed that appropriate checks were undertaken before staff began work at the service. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, character references and job descriptions in staff files to show that staff were suitable to work with vulnerable people.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. One person told us, "There are always lots of them [meaning staff]." A second person nodded and said yes when we asked them if there were enough staff to look after them.

Staff told us that staffing levels were sufficient to meet people's needs. One staff member commented, "We

have a one to one throughout the day and the manager is always around to help out." A second member of staff said, "Staffing is very good here. There is no pressure on the staff."

The registered manager told us, "If people's needs change I can make sure additional staffing is provided to ensure people are kept safe and their needs are met."

We looked at the staff duty rota for the current month. The recorded staffing levels were consistent with those as described by the registered manager and the staff we spoke with. At the time of our inspection we judged staffing levels across the service to be sufficient to meet people's needs.

Systems were in place to manage people's medicines safely. One person told us that they received their medicines when they expected them. They said, "Staff help me with my medicine. I want to learn how to do it myself."

Staff told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. One said, "The training was good. It has given me the confidence to deal with medication." We saw evidence to confirm that staff had been provided with training on the safe handling, recording and administration of medicines and in line with the service's policy and procedure.

We looked at a sample of Medication Administration Record (MAR) sheets and found that they had been fully completed and in line with best practice guidelines. We saw evidence that regular auditing of medicines were carried out to ensure that any errors could be rectified and dealt with in a timely manner.



# Is the service effective?

## Our findings

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One person told us, "The staff are okay. They know what to do."

Staff told us they were well supported when they first started working at the service and had completed an induction. They told us they worked alongside an experienced staff member until they were assessed as competent to work unsupervised. One staff member said, "I completed an induction that included working with more experienced staff and training courses." Another member of staff said, "The training is very good. I had an induction and we are still having training."

We looked at the training records and found that all staff had received induction and regular on-going training that was appropriate to their roles and the people they were supporting. We saw evidence that staff new to care were working towards achieving the care certificate. (The care certificate is the new minimum standards that should be covered as part of the induction training for new care workers).

Records also demonstrated that staff had continued to receive refresher training and we saw subjects covered included nutrition and hydration, managing behaviour that challenges and medication and food safety

Staff told us they received regular supervision of their performance. One staff member commented, "I do get supervision with [name of registered manager]." The registered manager confirmed that each staff member received regular supervision and we saw evidence in the staff's files we examined to confirm this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met, and found that systems were in place to assess people's capacity. Staff demonstrated a good understanding of people's needs and encouraged them to make their own choices and decisions, as far as possible. For example, giving them a choice of what activity to do, places to visit and what meals they would like. We observed that staff asked people for their consent before providing care and support. They asked for permission before showing us around their home. We saw that people had signed consent forms throughout their files documenting their consent for things like personal care and agreement with care plan content.

Staff told us they had received training on the MCA 2005. We saw evidence of this within the staff training records we examined. We confirmed that nobody who lived at the home was subject to a DoLS authorisation.

People were supported to eat and drink sufficient amounts to maintain a balanced diet. One person told us, "The food is okay. I like it." A second person smiled, nodded and gave us the thumbs up sign to show they liked the food. They were also able to point out their favourite foods using their pictorial communication book.

Staff told us they supported people with their meals and food preparation. One staff member said, "We support people to go shopping and cook their own meals if they want to."

Peoples care records contained details of their dietary likes or dislikes. The registered manager told us the kitchen was always open and accessible to everyone who used the service. All the people who used the service were supported to decide on the following week's menus. Staff also told us, and records confirmed that people's individual dietary requirements had been assessed and their weight was monitored regularly to ensure peoples dietary needs were met in a consistent way.

People were supported to maintain good health with access to health care services. Staff helped people understand, manage and cope with their health needs by sharing information and supporting them at appointments. One person said, "Yes the staff will go with me to the Drs."

People told us, and records confirmed that their health needs were frequently monitored and discussed with them. Records demonstrated that people had regular health checks with the dentist, optician and chiropodist.

## Is the service caring?

### Our findings

People told us they were treated with kindness and compassion in their day-to-day care. One person said the staff were nice and pointed out their favourite members of staff on their pictorial communication book. Another person said, "Yes the staff are okay. They let me do what I want." They also informed us that they had expressed a wish not to be checked during the night as it woke them up. They told us that they had been listened to and staff no longer checked them during the night. The registered manager and the care plan confirmed this to be the case.

Staff were able to tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported. They felt this was because there was consistency in the staff team. One staff member commented, "Nothing has been rushed. We have been given time to get to know people. [Name of registered manager] has been brilliant at supporting us." A second staff member commented, "We have a small staff team and work well together. We all follow the same guidance to make sure we treat people the same."

People told us they were able to express their views and be involved in making decisions about their care and support. One person told us, "I choose what I want to eat. I do what I like to do." A second person showed us their communication book and pointed out the things they liked to do and agreed that they were supported to do the things they liked.

All the staff we spoke with confirmed that people were involved in making decisions about their care and support needs. One staff member explained, "We always ask [names of people using the service] what they would like to do and always make sure we are doing the things they want." The registered manager told us that the people using the service were at the heart of the care they received. The registered manager also told us about one person who had expressed a wish to live independently. They said the service was working with the person involved to achieve this in the long term.

Throughout our visit there was a relaxed and welcoming atmosphere. Staff had time to engage in meaningful discussions with people and were attentive when people spoke to them. People were treated with kindness and compassion when staff carried out care and support.

Records supported the fact that people's preferences were taken into consideration, and we observed that staff were aware of these preferences and provided support accordingly. These arrangements showed that the staff team had developed positive caring relationships with people.

Staff promoted people's independence and supported them to exercise choice. Staff said they encouraged people to be independent and would only assist people with tasks they were unable to do themselves. One person told us how they wished to be able to administer their own medication and the registered manager confirmed the service was working towards this with the person. They also told us they wished to learn to drive and we saw that the service was supporting them with this. We observed people exercised choice in regards to their food choices, what activities they wanted to participate in and where they wanted to go.

Information about people was treated confidentially and respected by staff. One staff member told us, "We have learned about confidentiality and all our records are kept secure."

Staff told us that the service had a confidentiality policy which was discussed with them at their induction. We saw evidence that the service shared information about people on a need to know basis and with their agreement. We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

Staff understood how to support people with dignity and they respected them. One person told us, "Yes I have privacy. I have my room on the top floor where there is no one else."

Staff were able to demonstrate how they ensured that people's privacy and dignity were preserved. One staff member said, "I make sure I cover people up when I am helping them with bathing and their personal care." Another staff member told us, "I always try to be respectful and treat people how I want to be treated."

The registered manager regularly observed staff practice to ensure that staff were upholding people's privacy and dignity. This was done through on task supervision where staff were observed to see if the care provided was carried out with respect and ensured people's privacy and dignity was maintained. Training records confirmed staff received appropriate training in order to promote people's dignity; show them respect and protect their privacy.

## Is the service responsive?

### Our findings

People told us that they received person centred care that met their needs. They said that the staff were "great" and "kind".

Staff told us how 'full assessments' were carried out to determine people's care and support needs. One staff said, "We would do an assessment so we have as much information as we need." Care records reviewed supported this and contained information about people's care and support needs, medical histories, family and social histories and preferences. This ensured the care and support delivered reflected what people said they wanted.

Care records captured people's diverse needs. For example, one person said they enjoyed gaming and we saw this information contained within their care plan. They also told us that they had found their care plan to be childish and had discussed this with the registered manager. They had been encouraged to complete their own care plan and we saw this reflected their likes and dislikes and preferences. The registered manager was in full support of the person's needs and encouraged their independence. For example, they told us and records showed that the person received one to one care throughout the day. They found this difficult at times when attending college. They had expressed a wish for this to be reduced and the registered manager had been successful in negotiating this on their behalf.

Staff and the registered manager told us that people's needs were reviewed and changes were reflected in their care records. Records we looked at confirmed this. When staff had concerns about a person's condition, staff told us that they would monitor them. Records confirmed that people's needs were regularly reviewed by staff to identify if people were being supported in the best way and if their current care plans needed to be reviewed. People received care which met their individual needs because staff worked hard to ensure that accurate records were maintained.

The service enabled people to participate in person-centred activities within the service and in the local community. One person told us they enjoyed shopping and told us the name of the shop they preferred to shop at. We noted a wide variety of social activities were on offer for people. One person showed us via their pictorial communication book what activities they liked to participate in. This included bowling, swimming and going to the pub. On the first day of our visit one person was going to college because they were undertaking a course in bricklaying. We found that people were encouraged to maintain their hobbies and interests, which helped to provide quality to people's life and maintain their social well-being.

People's experiences, concerns and complaints were listened to and acted upon. One person said, "Yes I would make a complaint."

The complaints records showed that no complaints had been received by the service but there were policies and procedures in place to ensure complaints would be dealt with appropriately and fully investigated.

People told us they were regularly asked to provide feedback on the quality of the care provided. One

person said, "They [staff] ask me what want." We saw that meetings took place with people who use the service and their opinions were sought. The registered manager confirmed that feedback on the quality of the care provided was analysed and any areas identified as requiring attention were addressed in an action plan and kept under review to ensure improvements were made.

## Is the service well-led?

### Our findings

People were positive about the management at the service. One person showed us via their communication book that the registered manager was their favourite member of staff. Another person said, "It's alright here."

People told us that staff were very caring towards them. The culture at the service was open and transparent. People felt they were included in the development of their care package and their views were valued. One person commented, "I do feel listened to."

Staff told us the registered manager was supportive of them and they were positive about the leadership of the service. They also told us that the registered manager was approachable and supportive and acted on suggestions made. For example, one staff member said, "If you report something like a change in a person's needs the registered manager will act on it."

Staff felt that when they had issues they could raise them and felt they would be listened to. One staff member told us, "I would have no hesitation in talking with the registered manager about anything. She listens and takes action." All staff told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

The registered manager told us that recruiting staff with the right values helped to ensure people received a quality service. We saw evidence that the registered manager shared best practice ideas with the staff team to ensure that people received a quality service.

Staff told us that they felt valued and respected by the registered manager. One staff member said, "She [registered manager] treats us with respect and is a really good manager." We saw that regular staff meetings were held and staff were able to exchange information and share best practice ideas. Information was also shared with people, relatives and staff in the form of a newsletter. This was to make them aware of any new initiatives or changes that were taking place in the service.

The registered manager told us that she was aware of her responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law in a timely way.

The registered manager told us there were systems in place to check the quality of the care provided. We saw evidence that people were regularly asked to comment on the quality of the care provided. We saw that the registered manager had implemented audits in November 2016 relating to medication recording sheets, accidents and incidents, medication, privacy and dignity and risk assessments were regularly undertaken. These had been analysed and areas requiring attention were supported with action plans to demonstrate how continuous improvements would be made.

